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Summary Report
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Pakistan

Community responses to sanitation risks: Sindh province

CIETinternational

Community response to sanitation risk ACTION SUMMARY: Reinforcing the community response Sindh

A survey of 27,066 people in 4,613 households throughout Sindh provided evidence on the community responses to sanitation risks. There are several action points for the "defense" of children against sanitation risks at household, community, district and provincial level (Box 1).

Children in urban households that *health workers visited and talked on hygiene and sanitation* showed lower risk of diarrhoea compared with children from household that did not receive these visits. Only 3% of rural and 11% of urban households mentioned water quality as a possible cause of diarrhoea. Most attributed it to factors like hot weather and bad food. If full coverage with these visits could be achieved, 67 cases of diarrhoea might be prevented per 1000 children. In Sindh, each child has an average of five episodes of diarrhoea per year, this means that the visits could prevent 335 cases of diarrhoea per 1000 children per year.

A linked finding was the sizeably lower risk of diarrhoea in households that heard *messages on health from health services personnel*, compared with those receiving messages from other sources of information. Access to health service personnel for information could prevent 155 cases of acute diarrhoea per 1000 children per year, a benefit spread over urban and rural areas.

Improving the quality of drinking water can help reduce the diarrhoea risk. Sources such as private hand pumps, community hand pumps and private wells were safer; household or community taps,

Box 1

ACTIONS

Urban areas

Health workers visit and talk on hygiene

Rural areas

Wash hands after use of toilet

Focus on those who have to pay for water

Urban and rural areas

Obtain information from health services

Use latrines

Promote garbage disposal

Wash hands before eating

Improve the quality of drinking water.

Information base for the CIET cycle II in Sindh (1997)

| | |
|-------------------------------|--------|
| Total sample population | 27,066 |
| Number of sentinel sites | 37 |
| Number of households | 4613 |
| rural | 54% |
| Average household size | 5.9 |
| Children under 5 years of age | 4191 |
| female | 48% |
| Children up to 3 years | 2646 |
| Focus groups | |
| Mothers | 37 |
| Fathers | 37 |

canal, springs and bore holes were less safe sources. If people avoid water from unsafe sources or treat it appropriately before drinking it, 85 cases of acute diarrhoea could be prevented per 1000 children per year.

Washing hands after use of toilet has a demonstrable impact on the period prevalence of diarrhoea (in rural areas only), and stunting among young children. *Washing hands before eating* has some effect on dysentery, and worms. If everyone could be persuaded to adopt this practice, it could prevent 180 cases of acute diarrhoea per 1000 children per year, 30 cases of stunting, 13 cases of worms, and 11 cases of dysentery per 1000 children.

A special focus in rural areas should be children in *households without their own sources, who have to pay* for their water, who suffer significantly more diarrhoea than do children in other households. A focused initiative that successfully eliminates the difference between these and other rural households would prevent 75 cases of acute diarrhoea per 1000 children per year.

Promoting the use of latrines in households that reported using “field latrines” could produce reduction of acute diarrhoea among children less than five years of age. If people in households where they use open field toilets start using latrines for this purpose, 85 cases of acute diarrhoea could be prevented per 1000 children per year. The cost of a latrine is the same as is spent in Sindh on 10 episodes of childhood diarrhoea.

Disposal of garbage has some effect on diarrhoea. Not throwing it into open spaces in the community could prevent 20 cases of acute diarrhoea per 1000 children per year. But the real impact of dealing correctly with garbage is seen in the longer term growth of children. Independent of all the other determinants of child growth, inadequate garbage disposal is strongly associated with *stunting*, chronic growth failure. Dealing with garbage could prevent 50 cases of stunting per 1000 children.

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